


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90028 040 \*\*\*150.00

<b>DOCUMENT # P03000051802</b>	
1. Entity Name <b>DISCOUNT HOUSEWARES, INC.</b>	

Principal Place of Business <b>1707 1ST STREET E BRADENTON, FL 34208</b>	Mailing Address <b>1707 1ST STREET E BRADENTON, FL 34208</b>
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**94040161**



2. Principal Place of Business	3. Mailing Address <b>6901 PALM DRIVE #B</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01202004 Chg-P CR2E034 (10/03)

City & State	City & State <b>HOLMES BEACH, FL</b>
Zip	Zip <b>34217</b>
Country	Country <b>USA</b>

4. FEI Number <b>57-1167087</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

<b>6. Name and Address of Current Registered Agent</b>
<b>DANIELS, JOHN 207 78TH STREET BRADENTON BEACH, FL 34217</b>

<b>7. Name and Address of New Registered Agent</b>
Name <b>JOHN DANIELS</b>
Street Address (P.O. Box Number is Not Acceptable) <b>6901 PALM DRIVE</b>
City <b>HOLMES BEACH</b>
State <b>FL</b>
Zip Code <b>34217</b>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John E. Daniels* (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	<b>DANIELS, JOHN</b>
STREET ADDRESS	<b>207 78TH STREET</b>
CITY-ST-ZIP	<b>BRADENTON BEACH, FL 34217</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DANIELS, JOHN</b>
STREET ADDRESS	<b>6901 PALM DRIVE # B</b>
CITY-ST-ZIP	<b>HOLMES BEACH FL 34217</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John E. Daniels* **5/12/04** **941-778-7684**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #